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October 1 2004 Substitute for Form PTO-875								70751140					
<u>U</u>	Hober	- 2004	Sonstitute	IOI FORM T TO	<u> </u>	_							
CLAIMS AS FILED - PART I (Column 1) (Column 2)					_	SMALL E	TITY	OR	OTHER THAN SMALL ENTITY				
	FOR NUMBER FILED NUMBER EXTRA					RATE	FEE		RATE	FEE			
BASIC FEE (37 CFR 1.16(a))							<u> 395                                    </u>	OR		<u>.790</u>			
TOTAL	(37 CFR 1.16(c)) minus 20 = *					x s 9 =		OR	x s 8 =	. (			
INDER	(37 CFR 1.16(b)) minus 3 =					× 44 =		OR 1	x s <u>\$</u> =	<u> </u>			
MULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1.16(d))							+s <u>150</u> =		OR	+ s 300 =			
* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL	`	OR	TOTAL			
1													
	CLAIMS AS AMENDED - PART II							AUTUTV	OR		R THAN ENTITY		
ļ		(Column 1)		(Column 2)	(Column 3)	1	SMALL E	NIIIT	٦ .	1			
¥ L1		CLAIMS REMAINING AFTER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL :: FEE		
ENDMENT	Total 07 CFR 1.16(c))	AMENDMENT	Minus		=		x \$ 9 =	-	OR.	x : [8]	7 t At		
밁	Independent (37 CFR 1.16(b))	. 7	Minus	- a	·=		x <u>44</u> =		OR	x \$ 88=	Notes to		
AME		ATION OF MINITIPLE	DEPENDE	NT CLAIM (37 CF	R 1.16(d))		+\$50=		OR	+,200=	1.15(5)		
H	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL ADD'L FEE	1 :*	OR-	ADO'L FEE	47 0		
			Sections.	(Column 2)	(Column 3)	÷ 1	FERRITE.	20 1	<del>-</del>	de Alberta	ia California i i		
ENT B		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT	THE PERSON	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	-54	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL- FEE		
ME	Total (37 CFR 1.16(c))	- AWENDWEN	Minus	00	= '' • .	1	x \$=		OR	x s/8=	7 (4)		
MENDM	Independent (37 CFR 1.16(b))	•	Minus	•••	=	1	x s <u>44</u> =		OR	x . 88 =	전 14명합기   전 전 6명   1 전 전 6명   1		
₩		TATION OF MULTIPL	E DEPENDE	NT CLAIM (37 C	FR_1.16(d))	الم	+5/50=		OR_	+,300=	NESERIAR		
	_ 2 2		- Car Car	The second of th	A sales Sale	-	ADD'L FEE		OR	ADO'L FEE	*:-		
	•		•	(Column 2)	(Column 3)						· ·		
0 5	-	(Column 1)  CLAIMS  REMAINING  AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MENT	Total	AMENDMENT	Minus	••	=	1	× 5 9 =		· OR	x s 18_=	7 1		
ENDM	(37 CFR 1.16(c)) Independent		Minus		=	1	× s44 =		OR	x s <u>SS</u> =			
AME	(37 CFR 1.16(b))		LE DEBEND	ENTICIAIM (37.0	CFR 1.16(d))	1	+ 1/50=		OR	+ 5300			
-									OR	TOTAL ADDITEE			
	. Muha sataria	column 1 is less th	an the enti	rv in column 2. w	rite "0" in colum	ոո 3	ADD'L FEE						

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10751140

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			2				lr	RATE FEE		OR ]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	2 minus 20= '		• 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 :					. 0			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145≈		OR	+290=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn-2		TOTAL	985	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						(Column 3)	_	SMALL	ENTITY	OR	OTHER SMALL I	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	中省		=		X\$ 9=		O.R	X\$18≓	
AME	Independent	*	Minus	***	CLAIRA	=	$\{\ [$	X43=		OR	X86=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Colun		(Column 3)			•	_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		-	1 [	X43=		OR	X86=	
	FIHST PHESE	NTATION OF MU	ILTIPLE DEP	ENDENI	CLAIM	*	<b>,</b> [	+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	·	(Colum		(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLÝ	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* · · · · · · · · · · · · · · · · · · ·	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	01.111			X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		<b>!</b>	4.5		ı		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** OR   +290=   OR   TOTAL   OR   TOTAL   ADDIT. FEE   OR   ADDIT. FEE   OR   TOTAL   OR   OR   OR   OR   OR   OR   OR   O										·		
""If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1.												